

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.
Registrar's No. **4364**

D MAY 18 1943

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis, Missouri**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3701a California Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Unknown** (Specify whether
In this community **Unknown** years, months or days)

3. (a) PRINT FULL NAME **Harry L. Markle**

3. (b) If veteran, name war. **No** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Harriet Markle** 6. (c) Age of husband or wife if alive **55** years
7. Birth date of deceased **November 2, 1884** (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 6 6 hr. min.

9. Birthplace **Pennsylvania** (City, town, or county) (State or foreign country)

10. Usual occupation **Sickness**

11. Industry or business **Ill for 5 years**

MOTHER FATHER { 12. Name **Unknown**
13. Birthplace **Unknown** (City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Harriet Markle**

(b) Address **3701a California Avenue**

17. (a) **Burial** (b) Date thereof **5 11 43** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bethany Cemetery**

18. (a) Signature of funeral director **Richard H. Hildebrand**

(b) Address **3634 Gravois Avenue**

19. (a) **MAY 11 1943** (Date received local registry) (b) **J. J. Brudick** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL")
(d) Street No. **3701a California** (If rural, give location)
(e) Citizen of foreign country? **--** (Yes or No)
If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **8** year **1943** hour **4** minute **10 P.M.**

21. I hereby certify that I attended the deceased from **April 23** to **May 8**, 19**43**
that I last saw him alive on **May 7**, 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Uraemic Poisoning** Duration **2 weeks**

Due to **Chronic Nephritis**

Due to **None**

Other conditions **None** (Include pregnancy within 3 months of death)

Major findings: Of operations **None**

Of autopsy **None**

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury **None**

23. Signature **Roland A. Koel** (M. D.)
Address **3430 California Ave.** Date signed **May 12 1943**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.